

**Pennsylvania Bar Association  
Sign Language Interpreter/CART Fund  
Reimbursement Application**

The Pennsylvania Bar Association has established the Sign Language Interpreter/CART Fund (the “Fund”) to reimburse attorneys who pay for sign language and/or CART interpreters to communicate with clients or potential clients who are deaf or hard of hearing. While the Fund is open to all members of the Pennsylvania Bar Association, it is intended primarily to benefit clients of small firms, solo practitioners, public interest firms and pro bono volunteers.

The Fund will reimburse a member for up to \$150 for sign language interpreter or CART fees per interpreter appointment, up to a maximum of two (2) appointments per quarter until the fund is exhausted.

To access the Fund, a Pennsylvania Bar Association member shall pay the interpreter’s bill and mail or fax a copy of the bill to the Pennsylvania Bar Association with a signed copy of the certification to Louann Bell at:

Pennsylvania Bar Association  
Disability Services Committee  
P.O. Box 186  
Harrisburg, PA 17018-0186  
FAX: 717-238-7182

To determine if money remains in the Fund or ask questions about the Fund, please contact Louann Bell, staff liaison of the PBA Disability Services Committee at 800-932-0311, ext. 2276.

The Sign Language Interpreter and Transliterator State Registration Act, 63 P.S. §1725.1 *et seq.* (“Act 57”) requires that sign language interpreters be registered with the Commonwealth in certain circumstances. For more information about Act 57 or sign language interpreters in general, contact the Pennsylvania Office for the Deaf and Hard of Hearing (ODDH) at 1-800-233-3008 or [RA-LI-OVR-ODHH@state.pa.us](mailto:RA-LI-OVR-ODHH@state.pa.us) or visit ODDH’s website at <http://www.dli.state.pa.us/landi/cwp/view.asp?a=128@1=224493>.

# CERTIFICATION

I, \_\_\_\_\_, Esquire, hereby certify that

1. On \_\_\_\_\_, 20\_\_\_\_, I used a sign language interpreter/CART, \_\_\_\_\_, to  
*(name of Interpreter/CART)*  
communicate with a client or potential client who is deaf or hard of hearing.
2. I paid \$\_\_\_\_\_ to the interpreter/CART or his/her employer for their services.
3. A true and correct copy of the bill for the interpreter's/CART's services is attached hereto.
4. To the best of my knowledge, information and belief, the interpreter/CART was registered in accordance with the Sign Language Interpreter and Transliterator State Registration Act, 63 P.S. § 1725.1 *et seq.* ("Act 57-2003").
5. I request reimbursement of \$\_\_\_\_\_ (*insert amount up to \$150*) for the appointment. Please make check payable: \_\_\_\_\_  
\_\_\_\_\_
6. I am current a member in good standing of the Pennsylvania Bar Association and was a member in good standing at the time of the appointment.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
FIRM

\_\_\_\_\_  
ADDRESS  
\_\_\_\_\_

\_\_\_\_\_  
DATE